SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER SEPTEMBER 30, 1998. AMOUNT DUE ON OR BEFORE 09/30/98: \$550 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: \$750).

SIGNATURE

Jul 08 1998 8:00am PROFIT FLORIDA DEPARTMENT OF STATE CORPORATION Sandra B. Mortham Secretary of State ANNUAL REPORT Secretary of State 1998 DIVISION OF CORPORATIONS **DOCUMENT #** P93000017720 (2) D-C SALES, INC. Principal Place of Business Mailing Address PRODUZE METRO PARKWAY 41000-21 METRO PKWY FT-MYERS FL 33912 MYERO 15 33912 DO NOT WRITE IN THIS SPACE 3. Date Incorporated or Qualified 03/05/1993 2. Principal Place of Business Applied For 954 A COUNTRY CLUB. COUNTRY 21 Not Applicable 65-0393636 \$8.75 Additional 5. Certificate of Status Desired Fee Required 22 City & State \$5.00 May Be 6. Election Campaign Financing Trust Fund Contribution Added to Fees 8. This corporation owes or has paid the current year intangible Personal Property Tax due June 30. Yes 9. Name and Address of Current Registered Age 10. Name and Address of New Registered Agent **B1** Name GOSNELL, JOHN -11000-21 METRO-PARKWAY-82 Street Address (P.O. Box Number is Not Acceptable) -FT MYERS FL 93912 --83 11. Pursuant to the provisions of sections 607 0502 and 607 1508, Florida Statutes, the above-named corporation submits fills statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am/amiliar with hard accept the obligations of, section 607.0505, Florida Statutes. GOSNELL MOHN (2/38)OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 12. 13. TITLE 1.1 TITLE X DELETE Change Addition CR2E034 NAME **GOSNELL**, JOHN 1.2 NAME 11000-21-METRO PARKWAY STREET ADDRESS 1.3 STREET ADDRESS 1.4 CITY-ST-ZIP CITY-ST-ZiP 2.1 TITLE This War TITLE Addition NAME 954 A - COUNTRY CLUB BY STREET ADDRESS 2.3 STREET ADDRESS 2.4 CITY-ST-ZIP CITY ST ZIP TITLE 3.1 TITLE DELETE Addition 3.2 NAME NAME sent 1st here in the horse) STREET ADDRESS 3.3 STREET ADDRESS CITY-ST-ZIP 3.4 CITY-ST-ZIP 4.1 TITLE TITLE DELETE Addition NAME 4.2 NAME STREET ADDRESS 4.3 STREET ADDRESS 4.4 CITY-ST-ZIP CITY-ST-ZIP 51 TITLE TITLE DELETE Addition 5.2 NAME NAME STREET ADDRESS 5.3 STREET ADORESS CITY-ST-ZIP 5.4 CITY-ST-ZIP TITLE 6.1 TITLE __ DELETE Addition NAME 6.2 NAME STREET ADDRESS 6.3 STREET ADDRESS 6.4 CITY-ST-ZIP CITY-ST-ZIP 14. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this annual report or supplemental annual report is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 12 of Block 13 if changed, or on an attachment with an address.

FILED